



Download this form before you begin

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Purpose of this form

Use this form if you intend to apply for an initial issue, renewal of, or change to a Part 141 Certificate - single instructor.

Who is this form for?

This form is for an individual or a legal entity, with only a single instructor, who wishes to conduct, renew or make changes to their single instructor flight training certificate.

Information needed to complete this form

You should review CASR Parts 61, 91, and 141 before completing this form.

Flight training operators conducting training in an aircraft must provide a Drug and Alcohol Management Plan (DAMP). As your organisation employs 10 or less Safety Sensitive Aviation Activity (SSAA) employees, you can access the Micro DAMP. For full details on DAMP's refer to the CASA website.

The application fee is \$1560 for the processing of an initial issue application. Payment for an initial issue application is made by completing the payment authorisation page. Application for a significant change or a subsequent issue of the certificate will be subject to an estimate of costs.

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

If you are applying on behalf of an organisation, you will need to have authority to act on the entity's (applicant's) behalf and be able to provide the organisation's ARN.

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

Privacy

Any personal information you provide to CASA is protected by the *Privacy Act 1988*. CASA can only collect, use and disclose that information in accordance with that Act.

CASA will use the information collected in this form for purposes associated with performing its functions under civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA's Privacy Statement](#).

For more information

Go to the [CASA website](#) or [contact us](#).

Applicant

1 What are the **applicant** details?

Your contact details must be current. Update your contact details via [changing your details](#).

Legal entity/full name

ARN

Phone number

Email address

2 Is the organisation registered as a company in Australia?

No → [Go to 5](#)

Yes → [Go to 3](#)

3 Do you want your **registered business name** to appear on your certificate(s)?

You can request a registered business name to be included on your certificate. The name must meet the following criteria, otherwise the certificate will be issued with only the name provided in question 1:

- Its registration must be current at the time of issue of the Flight Training Certificate(s); and
- It must be registered only under the name(s) of the proposed Flight Training Certificate holder(s) (as proprietor(s)) at the time of issue of the certificate(s).

No → [Go to 5](#)

Add new → [Go to 4](#)

Remove existing → [Go to 4](#)

4 What is the **registered business name**?

Business name

Registration number

 [Attach additional pages if required](#)

5 What is the purpose of this application?

Initial issue → [Go to 6](#)

Significant change → [Go to 7](#)

Non-significant change → [Go to 14](#)

Renewal → [Go to 23](#)

Key personnel

As a single instructor the applicant fulfills the key personnel roles of CEO and HOO

6 Please provide the details

Full name

ARN

Phone number

Email address

 [Attach qualifications and experience](#)

Flight training activities

I am applying for a Part 141 Training Certificate, as applicable to the types of training authorisations I have selected below:

7 What are the flight training activities you propose to conduct and the aircraft type the training will be provided in (select all that apply)?

Licence training

Recreational Pilot licence

Aeroplane

Helicopter

Private Pilot licence

Non-integrated - Aeroplane

Non-integrated - Helicopter

Commercial Pilot licence

Non-integrated - Aeroplane

Non-integrated - Helicopter

7 Continued

Operational ratings

Instrument rating

Aeroplane

Helicopter

Private Instrument rating

Aeroplane

Helicopter

Aerial application rating

Aeroplane

Helicopter

Select an endorsement below if applicable to your operations.

Firefighting endorsement

Night endorsement

Night vision imaging system (NVIS) rating

Aeroplane

Helicopter

Low-level rating

Aeroplane

Helicopter

Select an endorsement below if applicable to your operations.

Aerial mustering

Sling operations

Winch and rappelling operations

Night VFR rating

Aeroplane

Helicopter

Aircraft class rating

Single-engine aeroplane

Multi-engine aeroplane

Single-engine helicopter

7 Continued

Refer to the following instruments to assist you in completing the type rating section of this form.

[Prescription of types ratings excluded from CASR Part 142 Flight Training](#)

[Prescription of Aircraft and Ratings – CASR Part 61](#)

If you propose conducting type rating training, please enter the rating designations for each aircraft type rating:

Operational ratings

Flight Instructor ratings

| Aircraft category | | Training activity |
|-------------------|------------|----------------------------------------------------------|
| Aeroplane | Helicopter | Grade 1 training endorsement |
| Aeroplane | Helicopter | Grade 2 training endorsement |
| Aeroplane | Helicopter | Grade 3 training endorsement |
| Aeroplane | Helicopter | Type rating training endorsement |
| Aeroplane | Helicopter | Class rating training endorsement |
| Aeroplane | Helicopter | Design feature training endorsement |
| Aeroplane | Helicopter | Instrument rating training endorsement |
| Aeroplane | Helicopter | Night VFR rating training endorsement |
| Aeroplane | Helicopter | Night vision imaging system training endorsement |
| Aeroplane | Helicopter | Low-level rating training endorsement |
| Aeroplane | Helicopter | Aerial application rating (day) training endorsement |
| Aeroplane | Helicopter | Aerial application rating (night) training endorsement |
| Aeroplane | Helicopter | Instructor rating training endorsement |
| Aeroplane | | Multi-engine aeroplane class rating training endorsement |
| | Helicopter | Sling operations training endorsement |
| | Helicopter | Winch and rappelling operations training endorsement |
| Aeroplane | | Spinning training endorsement |
| Aeroplane | Helicopter | Aerobatics training endorsement |

7 Continued

| Aircraft category | | Training activity |
|-------------------|------------|---------------------------------------------|
| Aeroplane | | Formation (aeroplane) training endorsement |
| | Helicopter | Formation (helicopter) training endorsement |
| Aeroplane | | Formation aerobatics training endorsement |

Sim instructor rating

Select at least one of the endorsements below that apply to your training operation.

| Aircraft category | | Training activity |
|-------------------|------------|--------------------------------------------------|
| Aeroplane | Helicopter | Instrument rating training endorsement |
| Aeroplane | Helicopter | Night vision imaging system training endorsement |
| Aeroplane | Helicopter | Instructor rating training endorsement |

Other training

Flight training for the purposes of conducting a flight review:

Single Pilot

Differences training for aircraft covered by type ratings as applied for

8 Will you be using a turbine-engine aircraft?

No ➔ [Go to 10](#)

Yes ➔ [Go to 9](#)

9 Is there a **lease** or **financial agreement** for the turbine-engine aircraft?

No ➔ [Go to 10](#)

Yes Please supply a copy of the lease/financial agreement for each aircraft with this application

10 Is the address of your **operational headquarters** different to your mailing address?

No ➔ [Go to 10](#)

Yes Please enter new address below

Unit/number

Street name

Suburb

10 Continued

State/territory

Postcode

Country (if not Australia)

11 Are you intending to add or remove any **training bases** where you propose to or are currently conducting your Flight Training activities?

Note: Only required if conducting training for a category of licence, instrument rating, or instructor rating.

No ➔ [Go to 12](#)

Yes Adding new training base. Please enter the new address below.

Yes Removing training base/s. Please enter the address below.

 **Attach additional pages if adding or removing multiple training bases.**

11 Continued

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

12 Are you proposing to make other **significant** changes not covered in questions 3-11?

No ➔ **Go to 14**

Yes ➔ **Go to 13**

13 Please list the proposed changes and the pages/sections of the exposition/operations manual affected by the change:

 **Attach additional pages if required**

14 Are you making any **non-significant** changes?

No ➔ **Go to 17**

Yes ➔ **Go to 15**

15 What **non-significant** changes were made to the operations manual and on **which pages**? If preferred, submission of your updated change register with this form will suffice and completion of the below is not required:

 **Attach additional pages if required**

16 Is this a **non-significant** change only application?

No ➔ **Go to 17**

Yes ➔ **Go to 23**

17 Do you or any of your nominated personnel have any criminal conviction or finding of guilt, which is less than ten years old, or any juvenile criminal conviction or finding of guilt, which is less than five years old?

Include all motor vehicle traffic-related convictions including those from overseas.

No

Yes

18 Is suspension or cancellation action pending in relation to any aviation licence you or any of your nominated personnel hold?

No

Yes

19 If you answered **yes** to **any** of questions **17** to **18**, you must provide details below.

Include dates, actions, charges, convictions and imprisonment in Australia and overseas.

Refer to CASR 11.055 and Regulations 6.55 and 6.59 of the Aviation Transport Security Regulations 2005.

**Attach additional pages if required**

20 Do you agree to the publication of details of your flight training certificates on the CASA website?

No**Yes**

If you check 'Yes', your personal information including your name, suburb/town, state/territory and country will be published on CASA's website as part of its Flight Training Operators register located at <https://www.casa.gov.au/search-content/flight-training-organisations>. At any time, you may withdraw such consent by emailing regservices@casa.gov.au. If you withdraw your consent your details will be removed from the Flight Training Operators register.

21 Have you submitted your single instructor sample operations manual (SOM)?

No**Yes**

Applicant checklist

22 Select all that apply:

If an initial issue, the required evidence of qualifications and experience for the nominated person relevant to the position are attached.

I have a Drug and Alcohol Management Plan (DAMP) (Aircraft training only)

My completed operations manual is attached.

If operating turbine engine aircraft that have a lease or financial agreement, I have attached a copy for each aircraft

If other, please specify

Chief Executive Officer declaration

23 I declare that:

Complete below the written undertaking from the CEO, if CASA issues the certificate, the applicant is capable of and will operate in accordance with its operations manual/exposition and civil aviation legislation.

Refer to CASR 141.055(2)(f)

- As the person identified in question 6, in my capacity as the appointed/proposed applicant's Chief Executive Officer, the applicant will be capable of operating in accordance with its operations manual and civil aviation legislation and will so operate.
- I am authorised to make this application and hold the role indicated below.
- All statements in this application are true and correct and I have read and understood all provisions of the *Civil Aviation Safety Regulations 1998* which are relevant to this application.
- I understand CASA will use the currently held details to process this application and it is my responsibility to ensure my details are correct prior to lodgment.
- I consent to CASA using and disclosing my personal information in accordance with [CASA's Privacy Statement](#) including exchanging the information with Commonwealth, state and territory government agencies.
- I acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.
- I have attached all required documentation specified in the applicant checklist as applicable to my organisation.
- I accept that if this application is withdrawn or refused by CASA, or if CASA are unable to assess the application because I have failed to provide the required information,
- I am liable to pay CASA fees for work conducted.
- I acknowledge that to knowingly make a false or misleading statement in this application is an offence against the *Criminal Code Act 1995*.

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Agent under a Power of Attorney

If signing as agent for the CEO, a copy of a Power of Attorney must be provided.

**Attach Power of Attorney**

24 Application fees

Issue of Part 141 certificate - processing and consideration

Fee Code: 24.6 079.....\$1560

Total:

25 Payment options

OPTION 1 Online payment

Make a secure payment online >

Online payments are more secure and also enable CASA to process your request faster.
To make a payment go to [Secure payment gateway](#).
After making a payment, enter the online receipt number below.

Provide the online receipt number below;

OPTION 2 Credit card

I hereby authorise the Civil Aviation Safety Authority to **debit** the following amount from:

| | | | | |
|-----------------|------|----------|-------------------|---|
| Mastercard | Visa | Total \$ | | |
| Card number | | | Expiry (MM/YY) | |
| | | | / | |
| Cardholder name | | | | |
| Signature | | | Date (DD/MM/YYYY) | |
| | | | / | / |

Receipt options Applicant **or** Third party (provide details below)

Details of third party

| | |
|-------------------------|--------------|
| ARN (If applicable) | Email |
| Legal Entity/ Full name | Phone number |

Submitting this form to CASA

 By email – send this form with all supporting documents attached to regservices@casa.gov.au